MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

08582

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural Near Johnsville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Andrew Ainsworth

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margie A Diehl

6. (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Nov 16th 1874

8. AGE: Years: 65 Months: 9 Days: 4 If less than one day: hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: James A Ainsworth
13. Birthplace: Md

MOTHER
14. Maiden Name: Catherine E Fogle
15. Birthplace: Md

16 (a) Informant: Mrs Margie Ainsworth
(b) Address: Keymar Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22nd 1940 (month) (day) (year)

(c) Cemetery or crematory: Rocky Hill
Location: Near Woodsboro

18 (a) Funeral director: Powell & Waugh
(b) Address: Liberty town Md

19 (a) Aug 22 1940 (Date rec'd by registrar) (b) C M Burgoon Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 21 19 40 at 3-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 20 1940 and that I last saw him alive on Aug 20 1940

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. A. Marshburn M. D. or other

Address Johnsville Date signed Aug 22

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-E

08583

CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Woodsboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Front St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 96 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Woodsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Front

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Elmira Anders

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles May Anders

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1844

8. AGE:

Years	Months	Days	If less than one day
96	1	20	hrs. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual occupation House-Wife

11. Industry or business

FATHER 12. Name Peter Eyler

13. Birthplace Md

MOTHER 14. Maiden name Mary A. Engle

15. Birthplace Md

16. Informant Melvin J. Anders

Address Woodsboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 21 '40 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Hope

Location Woodsboro Md

18. Funeral director Powell & Albaugh

Address Libertytown Md

19. 8/20 1940 (Date rec'd by registrar) Luther Powell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18th 1940, at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to 18-Aug 1940, and that I last saw h alive on Aug 18th 1940

	DURATION
Immediate cause of death: Myocardial Insufficiency	3-Mos
Due to: Physiological Dissolution	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ira J. McCleary M. D. or other

Address Frederick Md Date signed 8-18-'40

RECEIVED
SEP 4 1960
BUREAU V. S.

08584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Montevue, Frederick, Md., R.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5yrs.

Hospital, Institution, or street address where death occurred:
Montevue - County Home

How long in hospital or institution? 5yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or~~ town Jefferson, R.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war NONE

3. (a) FULL NAME
Mrs. Sopha Sophia Baker

3. (b) Social Security Number
NONE

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

6.(b) Name of husband ~~or wife~~ Lewis Baker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 12, 1853

8. AGE: Years	Months	Days	If less than one day
87	3	29	..... hrs. ..... min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Adam Darr
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden name Catherine Stine
15. Birthplace Frederick Co., Md.

16. Informant Mrs. Charles Kimmel
Address Braddock Heights, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 8/12/40 (month) (day) (year)

Cemetery or ~~crematory~~ Pleasant Hill

Location Nr Burkettsville, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 12-Aug- 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to Aug. 11 1940 and that I last saw her alive on Aug 10 1940

Immediate cause of death Chronic Myocarditis

DURATION Year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 8/12/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08585

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Frederick

City or town: near Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Killed Instantly

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County:

City or town: Waynesboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 19 W 3rd
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Jeannette Kay Baugher

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
f.	white	Single

6.(b) Name of husband or wife: Single

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): april 15th 1935

8. AGE: Years: 5 | Months: 4 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Waynesboro Pa. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: Noah M. Baugher
13. Birthplace: Westminster MD

MOTHER
14. Maiden name: Nellie Elizabeth Foust
15. Birthplace: Chambersburg Pa

16. Informant: Noah M. Baugher
Address: 19 W 3rd Street Waynesboro Pa.

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 3 1940 (month) (day) (year)

Cemetery or crematory: Green Hill Cemetery

Location: Waynesboro Penna

18. Funeral director: Walter G Grove

Address: Waynesboro Penna

19. Aug 30 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 30 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19

and that I last saw her alive on Aug 30 1940 dead

Immediate cause of death	DURATION
Fracture of skull	instant
cerebral hemorrhage	instant
Due to: automobile accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Aug 30 1940

Where did injury occur? Emmitsburg (City or town) Emmitsburg & Taneytown (County) Frederick Co. Md.

Injured at home, farm, industry, public place (where?):

Means of injury: auto Injured at work? no

23. SIGNATURE: DR. R. W. BAER
DEPUTY MEDICAL EXAMINER
M. D. or other

Address: Frederick, Md. Date signed: Aug 30 40

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

08586

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

~~City or Town~~ Rural-2mile SW of Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or Town~~ Rural-2mile SW of Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2 mile SW of Frederick
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Helen Marie Abell Baughman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) ~~Single, Married~~, Widowed, ~~Divorced~~
Female	White	Widowed

6.(b) Name of husband ~~or wife~~ L. Victor Baughman

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1856

8. AGE: Years	Months	Days	If less than one day
83	7	23	____ hrs. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Arunah Shepherdson Abell
13. Birthplace Providence, Rhode Island

MOTHER
14. Maiden name Mary Fox
15. Birthplace New York State

16. Informant Dr. Charles H. Conley
Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St. John's Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline and Son

Address Frederick, Maryland

19. 10-Aug 1940 (Date rec'd by registrar) Ira J. McCinder Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940 to Aug 10 1940 and that I last saw h.e.r. alive on Aug 9 1940

Immediate cause of death	DURATION
Chronic myocarditis	5 years
Due to Arteriosclerotic vascular disease	15 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE R. W. Barr M. D. or other

Address Frederick, Md. Date signed Aug. 10, 1940

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (942)

08587

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Beard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Delia Rudge deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9 1888

8. AGE:

Years	Months	Days	If less than one day
52	7	8	hrs. min.

9. Birthplace Lewistown, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Samuel Beard
13. Birthplace Lewistown, Md

MOTHER
14. Maiden name Mariah Lightener
15. Birthplace Woodsboro

16. Informant Dorie Beard
Address Thurmont, Md.

17. Burial (Burial, cremation, or removal) Which?) Date thereof Aug 20, 1940 (month) (day) (year)

Cemetery or crematory Cemetery M.E.
Location Thurmont

18. Funeral director M. E. Creager Sons
Address Thurmont Md

19. Aug. 18 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ Aug 17 1940, to 1940, and that I last saw h~~im~~ alive on dead Aug 17 1940.

Immediate cause of death Coronary Thrombosis — DURATION Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Baer
DR. R. W. BAER
DEPUTY MEDICAL EXAMINER
Address Frederick, Md M. D. or other
Date signed Aug 17 40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

08588

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Montevue (rural) Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, institution, or street address where death occurred:
Frederick, County Emergency Hospital
How long in hospital or institution? 9days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 138 E. South St.,
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Mrs. Iva Hayes Bitler

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband Roy G. Bitler
6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) October 9, 1888

8. AGE: Years	Months	Days	If less than one day
51	10	6	....hrs. ....min.

9. Birthplace Nr. McKaig, Fred., Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name William H. Ketrow,
13. Birthplace Fred., Co., Md.

MOTHER
14. Maiden name Margaret E. Beall,
15. Birthplace Fred., Co., Md.

16. Informant Mr. Roy G. Bitler,
Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 / 19 / 40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery,
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. Aug 19 40 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15th., 1940, at 8.40P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 2 1940, to Aug. 15 1940
and that I last saw her alive on Aug. 13 46 1940

Immediate cause of death	DURATION
Carcinoma Rectum	1939?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R O Thomas M. D. or other
Address Frederick, Md. Date signed 8/15/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08589

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency

Stay in hospital or inst. (yrs., or mos., or days) 12 days.

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or~~ town Dickerson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Douglas Bowie

3. (b) Social Security Number none

4. Sex: male

5. Color or race: Col.

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1924

8. AGE: Years 15 | Months 8 | Days 12 | If less than one day hrs. min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation School-boy

11. Industry or business

FATHER 12. Name Chas. Bowie

13. Birthplace Md

MOTHER 14. Maiden name Frances Johnson

15. Birthplace Md

16. Informant Miss Adelsberger, Emergency

Address Hospital, Frederick Md

17. Burial (Burial, ~~cremation, or removal Which?~~) Date thereof Sept-2-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Bells Chapel

Location Near Dickerson Md.

18. Funeral director Davis & Snowden

Address Rockville Md.

19. 31-Aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 8 05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1940, to Aug. 30 1940, and that I last saw him alive on Aug 30 1940.

Immediate cause of death: Typhoid Meningitis — DURATION: 7 days

Due to: Typhoid fever — 2 weeks

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. C. Thomas M. D. or other

Address Frederick, Md Date signed 8/30/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-D)

08590

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Rural Near Foxville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wash.

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 117 Randolph Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Emma Sophia Brunner

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Wm J. Brunner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 4th. 1868

8. AGE: Years: 71 Months: 10 Days: 11 If less than one day ..... hrs. ..... min.

9. Birthplace: Wolfsville Md
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: Own Home

FATHER
12. Name: John W. Wilson
13. Birthplace: ~~Unknown~~ Myersville

MOTHER
14. Maiden name: Elizabeth Rice
15. Birthplace: Wolfsville Md

16. Informant: Mary I. Brunner.
Address: Lantz P.O. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 17th. 40 (month) (day) (year)

Cemetery or crematory: Mt. Moriah Cemetery

Location: Foxville. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Aug 17 1940 (Date rec'd by registrar) W. A. Wolfe. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15th. 1940 at 7;05 A;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to Aug 15 1940 and that I last saw her alive on Aug 9 - 40 19

Immediate cause of death: Carcinoma Mouth (Sup. maxilla)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 6 mo.

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: S. E. W. Orth M. D. or ~~[illegible]~~

Address: Hagerstown Md Date signed: 8/15/40

was away from home at Aug closing.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-R)

CERTIFICATE OF DEATH

08591

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 515 Elm St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 515 Elm St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Fred Stevens Campbell

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

B (b) Name of ~~husband~~ or wife Ella Depster

B(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1873

8. AGE:

Years	Months	Days	If less than one day
67	6	14	____ hrs. ____ min.

9. Birthplace Gananoque, Ontario, Canada (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Supt of Foundry

FATHER 12. Name William Campbell,

13. Birthplace Gananoque, Ont., Canada

MOTHER 14. Maiden name Amelia Stevens,

15. Birthplace Gananoque, Ont., Canada

16. Informant Mrs. F. S. Campbell,

Address Frederick, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 / 5 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 3-Aug 19 40 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2nd., 1940, at 9.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Aug 2nd 1940, and that I last saw ~~him~~ alive on August 2 1940.

	DURATION
Immediate cause of death: Coronary Embolism	
Carcinoma of Rectum	2 years
Due to Cachexia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Colostomy Jan. 1940

Colostomy Feb 1940

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Laurence Fahrney M.D.

M. D. or other

Address Frederick, Md. Date signed 8/3/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164C)

CERTIFICATE OF DEATH

08592

Reg. Dist. No. 137

1. PLACE OF DEATH:

County: Frederick

City or town: Rural Near Libertytown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rural Near Libertytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Harvey Covell

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Neada Covell

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): July 24, 1888

8. AGE: Years: 52 Months: 0 Days: 23 If less than one day: hrs. min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: Jasper Covell
13. Birthplace: Maryland

MOTHER
14. Maiden name: Margaret Burdette
15. Birthplace: Maryland

16. Informant: Mrs. Neada Covell

Address: Union Bridge R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 19, 1940 (month) (day) (year)

Cemetery or crematory: Mount Olivet

Location: Frederick Md.

18. Funeral director: C. M. Waltz

Address: Uniefield Md.

19. Aug 18 1940 (Date rec'd by registrar) W. L. Cerfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 17 1940, at 5:35 AM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Aug 17 1940, to 19 ,

and that I last saw her alive on Aug 17 1940.

Immediate cause of death: Gun shot wound of head — DURATION: Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: Aug 17 40

Where did injury occur? Frederick Co (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?): farm

Means of injury: Revolver 38 Cal. Injured at work? no

23. SIGNATURE: R. W. Baer M. D. or other

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

Address: Frederick, Md Date signed: Aug 17 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

08593

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Sanatorim, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days

(e) Length of stay in this community (yrs., mos., or days) 23 Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 211 E Lafayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George A Dillahunt

3 (b) If veteran, name war

3 (c) Social Security No. 215-05-8526

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 7 1912

8. **AGE:** Years 28 | Months 0 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Laurenburg, N.C. (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Benjamin E Dillahunt

13. Birthplace North Carolina

MOTHER 14. Maiden Name Nellie Thompson

15. Birthplace North Carolina

16 (a) Informant George A Dillahunt

(b) Address Baltimore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1940 (month) (day) (year)

(c) Cemetery or crematory Trinity Cem

Location Baltimore. Md.

18 (a) Funeral director Mm. Cook

(b) Address Baltimore. Md

19 (a) 8/16/40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 16 1940, at 9.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1940, to Aug 16 1940, and that I last saw him alive on Aug 16 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9Mos
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John E. Goodpasture, M.D. (M. D. or other)

Address State Sanatorium, Md. Date signed 8/16/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

08594

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County: Frederick

City or town: Rural near New London
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: William Henry Disney

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marian Ray Disney

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 16th 1875

8. AGE: Years: 65 | Months: 3 | Days: 4 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Benjamin Disney
13. Birthplace: Md

MOTHER
14. Maiden name: Malvina Johnson
15. Birthplace: Md

18. Informant: George Disney
Address: New Market Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 22nd 1940
(month) (day) (year)

Cemetery or crematory: Dorseys Cemetery

Location: New London

18. Funeral director: Powell & Albaugh
Address: Libertytown Md

19. Aug 21 1940 Lucian K. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 20 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ _____ 19__, to _____ 19__,
and that I last saw h 1 or ~~alive~~ dead on Aug 20 1940.

Immediate cause of death: Coronary Thrombosis Immediate

Due to: Cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: R. W. Baer
M. D. or other

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

Address: Frederick Md Date signed: Aug 20 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

08595

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Ann Eliza America Dutrow.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Jeremiah Dutrow.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 5th. 1863

8. AGE: Years 77 | Months 4 | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace Frederick Co Md.
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business Own Home

FATHER
12. Name George Domer
13. Birthplace Thurmont. Md

MOTHER
14. Maiden name Not Known Eicholtz
15. Birthplace Not known.

16. Informant MrsMary Tharp
Address Thurmont. MD

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug. 26th. 40
(month) (day) (year)

Cemetery or crematory Cemetery. Blue Ridge
Location Thurmont. MD

18. Funeral director M. L. Creager & Son.
Address Thurmont. Md

19. Aug. 25 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23rd. 40. at 11;30P:M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/11 1940, to 8-23d 1940 and that I last saw her alive on Aug 23rd 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	12 days
Due to Chronic Myocarditis	4 yrs
Due to Diabetes Mellitus	2 yrs
Other conditions Arterial Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris A. Birely MD
M. D. or other

Address Thurmont Md Date signed 8/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94.0)

08596

CERTIFICATE OF DEATH

Reg. Diat. No. 138

VS A15 (T) (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Frederick
City or town Rural near Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural near Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME James Franklin Dyer

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Florence Dyer
6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) April 1 - 1877

8. AGE: Years	Months	Days	If less than one day
63	4	24	...hrs. ...min.

9. Birthplace Rochester N. Y.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James B. Dyer
13. Birthplace N. Y. State

MOTHER 14. Maiden name Louise Webster
15. Birthplace New York State

16. Informant Mrs. Florence Dyer
Address Frederick Md. Route 1

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Aug 27-1940 (month) (day) (year)
~~Cemetery or~~ crematory Washington D. C.
Location Burial at Ashes Spencerpoint N.Y.

18. Funeral director C. E. Eline & Son
Address Frederick Md.

19. Aug 26 1940 Lucian K. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940 at 5 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...1940 to Aug 24 1940 and that I last saw him alive on Aug 24 1940

Immediate cause of death	DURATION
Coronary Thrombosis	one week
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. H. G. Bowers Jr. M. D. or other
Address Frederick Md. Date signed 8-26-40

RECEIVED
SEP 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

CERTIFICATE OF DEATH

08597

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural near Unionville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 11 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Unionville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Cecil A. Emry

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 2, 1907

8. AGE:

Years	Months	Days	If less than one day
32	8	9	____ hrs. ____ min.

9. Birthplace: Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business: Owner

FATHER
12. Name: Stanley Benton Emry
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Bessie A. Eggleston
15. Birthplace: Maryland.

16. Informant: Mrs. Bessie A. Emry
Address: Unionville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 13, 1940 (month) (day) (year)
Cemetery or crematory: Linganore
Location: Unionville, Frd. Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

Aug 12 1940 (Date rec'd by registrar) M. Chapman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from ____ to ____ 19__, and that I last saw h(im)(er) alive on Aug 11 1940. Death occurred at ____ M.

	DURATION
Immediate cause of death: Hemorrhage + air embolism	
Due to: Cut throat + left wrist.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: Aug 11, 40
Where did injury occur? Frederick Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Farm.
Means of injury: Glass Tumbler Injured at work? No

23. SIGNATURE: P. W. Baer DR. R. W. BAER DEPUTY MEDICAL EXAMINER
M. D. or other
Address: Frederick, Md. Date signed: 8.11.40

RECEIVED
SEP 4 1940
BUREAU V. S.

Fahney

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-42

CERTIFICATE OF DEATH

08598

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7mo 9days

Hospital, Institution, or street address where death occurred:

518 N. Bentz St.,

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 518 N. Bentz

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Ruth Ann Fogle

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1939

8. AGE: Years	Months	Days	If less than one day
0	7	9	..... hrs. ..... min.

9. Birthplace Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Walter P. Fogle,

13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Mary Feitz,

15. Birthplace Nr. Frederick, Md.

16. Informant Mr. Walter P. Fogle,

Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 / 10 / 40 (month) (day) (year)

Cemetery or crematory Glayde Cemetery

Location Walkersville, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. Aug 9 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th, 1940, at 3.45A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 6 - 1940, to Aug 8 1940

and that I last saw her alive on Aug 6 1940

Immediate cause of death	DURATION
Malnutrition	2 weeks
Due to Cachexia	
Due to Gastroenteritis. Duration - two weeks.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Laurence Fahney MD

Address Frederick, Md. M. D. or other Date signed 8/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

08599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Mt. Pleasant Fred. R.F.D.#1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3. (a) FULL NAME: Thomas Eugene Fogle

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March ~~17~~ 12, 1940

8. AGE: Years: 0 Months: 4 Days: ~~10~~ 24 If less than one day ... hrs. ... min.

8. Birthplace: Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER
12. Name: Archie T. Fogle
13. Birthplace: Frederick Co., Md.

MOTHER
14. Maiden name: Pauline Weedle
15. Birthplace: Frederick Co., Md.

16. Informant: Mr. Archie T. Fogle
Address: Mt. Pleasant Fred., R.F.D.#1

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/9/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 7 Aug 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6 1940 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940 to Aug 6 1940 and that I last saw him alive on Aug 6, 1940 19

Immediate cause of death: Gauchers disease - infantile gauchers

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C E Easterday M. D. or other

Address: Walkersville, Md. Date signed: Aug 7, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

08600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10yrs.

Hospital, Institution, or street address where death occurred:
306 East Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 306 East Third Street
(If rural, give LOCATION)

2.(a) If veteran, name war NONE

3.(a) FULL NAME
Mrs. Mary Alice Fout

3.(b) Social Security Number
NONE

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

6.(b) Name of husband ~~or wife~~ Clayton A. Fout

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 12, 1864

8. AGE: Years	Months	Days	If less than one day
75	8	27	..... hrs. ..... min.

9. Birthplace New Market, Fred., Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name George Hoffman
13. Birthplace New Market, Md.

MOTHER
14. Maiden name Elizabeth Trout
15. Birthplace New Market, Md.

16. Informant Mrs. William H. Kline
Address 306 East Third Street, Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8/12/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 10 aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10th 1940, at 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2nd 1940, to Aug 10th 1940 and that I last saw her alive on Aug 5th 1940

Immediate cause of death Coronary Occlusion — DURATION 8 hrs

Due to Arteriosclerosis — 2 years

Due to and Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedge M. D. or other

Address Frederick Date signed Aug 10th 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-27) Reg. Dist. No. 14 5

CERTIFICATE OF DEATH

08601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Fredrick
(b) City or town Near Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick.
(c) City or town Near Myersville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chas. C. Gaver

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Lulu Leatherman Gaver

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1870

8. AGE: Years 69 | Months 7 | Days 14 | If less than one day ____hr. ____min.

9. Birthplace Near Ellerton (Town, county, and state)

10. Usual occupation Ret. Farmer

11. Industry or business Own

FATHER
12. Name Martin Gaver
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Cline
15. Birthplace Md.

16 (a) Informant Mrs. C. C. Gaver
(b) Address Myersville, Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory U.B. Cemetery, Myersville.
Location Myersville, Md.

18 (a) Funeral director J.T. Bittle & Son.
(b) Address Myersville, Md.

19 (a) Aug. 16. 1940 (Date rec'd by registrar) (b) William B. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 15 1940 at 340 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Aug 10 1940, and that I last saw him alive on Aug 10 1940

Immediate cause of death	Duration
Cerbral Hemorrhage	4 yrs.
Due to Cerbral Hemorrhage	8 days
Due to (Began aug 7 '40)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Harp MD (M. D. or other)
Address Middletown Date signed Aug 16 40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

08602

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Sanatorium Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2Mos 6Days

(e) Length of stay in this community (yrs., mos., or days): 2Mos 6Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Baltimore

(c) City or town: (If outside city or town limits, write RURAL and give town)

(d) Street No.: 2316 W Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Walter F Geary

3 (b) If veteran, name war:

3 (c) Social Security No. 218-10-4969

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura Geary

6. (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): July 30 1894

8. AGE: Years 46 | Months 0 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace: Baltimore. Md. (Town, county, and state)

10. Usual occupation: Bar-Manager

11. Industry or business:

FATHER

12. Name: James A Geary

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Mary Griffin

15. Birthplace: Maryland

16 (a) Informant: Walter F Geary

(b) Address: Baltimore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 1940 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral Cem

Location: Baltimore. Md.

18 (a) Funeral director: Harry Witzke

(b) Address: Baltimore. Md.

19 (a) 8/4/1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death: August 4 1940, at 5.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to Aug 4 1940, and that I last saw him alive on Aug 3 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Peritonitis, Tuberculous Laryngitis (Include pregnancy within 3 months of death)

Major findings: Tuberculous Empyema

Of operations: none

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: John E. Goodpasture, M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed 8/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (192)

CERTIFICATE OF DEATH

08603

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Fredy Md
City or town Sabillasville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Sabillasville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. None
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jacob McCleland Gray

3. (b) Social Security Number None.

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6 (b) Name ~~of husband or~~ wife Mrs Grace Gray

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 12-1864

8. AGE: Years 76 Months 2 Days 17 If less than one day ____ hrs. ____ min.

9. Birthplace Near Smithsburg Md (Town, county, and state)

10. Usual occupation Farmer & Fruit Grower

11. Industry or business None

FATHER 12. Name Wm Gray

FATHER 13. Birthplace Near Smithsburg Md

MOTHER 14. Maiden name Henretta Brown

MOTHER 15. Birthplace Near Smithsburg Md

16. Informant Mrs Grace Gray

Address Sabillasville Md

17. Burial (Burial, cremation, or removal. Which?) Vermont Date thereof 8-9-1940 (month) (day) (year)

Cemetery or crematory Thurmont U.B.

Location Thurmont Fred Co and

18. Funeral director Geo. B. Hoover

Address Smithsburg Md

19. Aug 8 1940 (Date rec'd by registrar) Chas E Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1940, to ____ 19__, and that I last saw h[illegible] alive on Aug 7 1940.

Immediate cause of death Electrocution — DURATION Immediate

Due to Lightning

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Aug 6, 40
Where did injury occur? Frederick Co Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury Lightning Injured at work? No

23. SIGNATURE R. W. Baer DR. R. W. BAER DEPUTY MEDICAL EXAMINER M. D. or other
Address Frederick, Md Date signed Aug 9 40

CEIVED
SEP 6 1949
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

08604

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 150 W. Saint St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Harris.

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1940

8. AGE: Years 0 | Months 0 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Gordon David Washington

13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Gladys Margaret Harris

15. Birthplace Frederick Co. Md.

16. Informant Miss Adelsberger Emergency Hospital. Frederick Md.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug-19-1940 (month) (day) (year)

Cemetery or crematory Monterre

Location Mt. Frederick Md.

18. Funeral director G. Cleveland Grout Supt.

Address Frederick Co. Md.

19. 19-Aug-1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1940, at 10P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11 1940, to Aug 18 1940, and that I last saw her alive on Aug 18 1940.

Immediate cause of death	DURATION
Premature Fetus 5½ months	7 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE B. Thomas M. D. or other

Address Frederick, Md Date signed 8/18/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08605

Reg. Dist. No. 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Mt. Airy, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Mt. Airy Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Grafton A. Harrison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name ~~of husband~~ or wife: Grace C. Harrison
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 11, 1865

8. AGE: Years: 75 | Months: 3 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Mt. Airy, Md (Town, county, and state)

10. Usual occupation: R.R. Engineer (Retired)

11. Industry or business: B & O. R.R.

FATHER
12. Name: Wesley Harrison
13. Birthplace: Maryland

MOTHER
14. Maiden name: Eliza Ann Baker
15. Birthplace: Maryland

16. Informant: Mrs. Peter Grongetti
Address: 1735 - 46th St. Des Moines, Iowa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 9, 1940 (month) (day) (year)
Cemetery or crematory: Prospect
Location: nr. Mt. Airy, Md.

18. Funeral director: C. M. Waltz
Address: Mt. Airy Md

19. August 8 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6 1940, at 6 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940, to Aug 6 1940, and that I last saw him alive on Aug 6 1940.

Immediate cause of death: Carcinoma of Liver with General Metastasis — DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: C. M. Waltz
Address: Mt Airy Md — M. D. or other — Date signed: 8/7/40

RECEIVED
SEP 4 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

08606

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Sanatorium, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Mos1Day

(e) Length of stay in this community (yrs., mos., or days) 2Mos1Day

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1901 W Fairmount. Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Owen Bernard Hayes

3 (b) If veteran, name war:

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia C Hayes

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Aug. 2 1883

8. **AGE:** Years: 57 | Months: 0 | Days: 18 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore. Md. (Town, county, and state)

10. Usual occupation: Huckster

11. Industry or business:

FATHER

12. Name: Robert F Hayes

13. Birthplace: Baltimore. Md.

MOTHER

14. Maiden Name: Mary Ann Simonson

15. Birthplace: Baltimore. Md.

16 (a) Informant: Owen Bernard Hayes

(b) Address: Baltimore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet Cem

Location: Baltimore, Md

18 (a) Funeral director: Robert C Walter

(b) Address: Baltimore, Md.

19 (a) 8/20/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death: Aug. 20 1940, at 4.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1940 to Aug 20 1940, and that I last saw him alive on Aug 20 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1Yr
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature**: Frederick J Wilson M. D. or other

Address: State Sanatorium Date signed: 8/20/40

RECEIVED
AUG 23 1940
BUREAU F, S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-F)

CERTIFICATE OF DEATH

08607

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75yrs.

Hospital, institution, or street address where death occurred:

257 W. Patrick St.,

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 257 W. Patrick St.,

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Mrs. Anna Mary Herwig

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
female	white	married

6.(b) Name of husband ~~or wife~~: William Herwig

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Jan. 29, 1867

8. AGE: Years	Months	Days	If less than one day
73	6	14	....hrs. ....min.

9. Birthplace: Frederick, Fred., Maryland (Town, county, and stete)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER 12. Name: Oliver Anderson,

FATHER 13. Birthplace: Fred., Co., Maryland

MOTHER 14. Maiden name: Laura Young,

MOTHER 15. Birthplace: Fred., Co., Maryland.

16. Informant: Mr. William Herwig, Address: Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 8 / 15 / 40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery,

Location: Frederick, Maryland.

18. Funeral director: M. R. Etchison & Son, Address: Frederick, Maryland

19. 14-Aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13th., 1940 at 10.30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 1 1940 to Aug 13 1940

and that I last saw h~~er~~ alive on Aug. 13 1940

Immediate cause of death	DURATION
Hypostatic Pneumonia	2 ys
Chronic Nephritis	
Due to	
Due to	
Other conditions Hypertension	4 ys

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. Austin Carr M.D. M. D. or other

Address: Frederick, Md. Date signed: 8/14/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08608

Reg. Dist. No. 145

1. PLACE OF DEATH:
County Frederick
City or town Myersville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Frederick
City or town Myersville Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Alvey John Horine

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Betty Hook Horine
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November - 29 - 1868

8. AGE: Years 71 | Months 8 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Myersville Frd. Co. Md. (Town, county, and state)
10. Usual occupation Teacher in Public School
11. Industry or business Retired

FATHER
12. Name Martin Luther Horine
13. Birthplace Myersville Frd. Co. Md.

MOTHER
14. Maiden name Mary Ellen Shank
15. Birthplace Myersville Frd. Co. Md.

16. Informant Mrs. Betty H. Horine
Address Myersville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 4 1940 (month) (day) (year)
Cemetery or crematory U. B. Cemetary
Location Myersville Md.

18. Funeral director Wm. D. Bast & Son
Address Boonsboro Md.

19. Aug. 3 1940 (Date rec'd by registrar) William S. Waechtel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2nd 1940, at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1940, to Aug. 2 1940, and that I last saw him alive on Aug. 2nd 1940

Immediate cause of death	Acute dilatation of the heart	DURATION few minutes
Due to	Arterio-sclerosis and hypertension	several years
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. V. Staton M. D. M. D. or other
Address Myersville Md Date signed 8-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139 — 08609

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Sanatorium. Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 8Days

(e) Length of stay in this community (yrs., mos., or days): 8Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No.: 4224 Harford Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Joshua Edwin Hutson

3 (b) If veteran, name war:

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mabel Reese Hutson

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 16 1884

8. AGE: Years: 55 Months: 9 Days: 11 If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore. Md. (Town, county, and state)

10. Usual occupation: Auditor

11. Industry or business:

FATHER — 12. Name: John E Hutson

FATHER — 13. Birthplace: Baltimore. Md

MOTHER — 14. Maiden Name: Sarah R Merritt

MOTHER — 15. Birthplace: Anne Arundel Co Md.

16 (a) Informant: Joshua Edwin Hutson

16 (b) Address: Baltimore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 30 1940 (month) (day) (year)

17 (c) Cemetery or crematory: Mount Olivet Cem

Location: Baltimore. Md.

18 (a) Funeral director: Wm. Cook

18 (b) Address: Baltimore Md.

19 (a) 8/28/1940 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: Aug. 27 1940, at 1.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1940, to Aug 27 1940, and that I last saw him alive on Aug 26 1940.

Immediate cause of death	Duration
Tuberculous Meningitis	8Days
Due to	
Due to	
Other conditions Pulmonary Tuberculosis	3Mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: [illegible] M. D. or other

Address: State Sanatorium Md. Date signed: 8/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08610

83-a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town rural Nr. Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural nr. Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. Frederick, Md. R. D. 4

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Mrs. Laura Jane Hyndman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) single, married, widowed, or divorced
female	white	married

6.(b) Name of husband ~~or wife~~ Roy I. Hyndman

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1869

8. AGE: Years	Months	Days	If less than one day
70	8	17	..... hrs. ..... min.

9. Birthplace Clinton Co., Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name Henry C. Brown.

13. Birthplace Clinton Co., Pa.

MOTHER 14. Maiden name Elizabeth Jane Brown.

15. Birthplace Clinton Co., Pa.

16. Informant Mr. Roy I. Hyndman

Address Frederick, Md. R.D. 4

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 8 / 21 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 20-Aug 1940 Ina Y. McCurdy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18th., 1940, at 11.45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1 1940 to Aug. 18 1940

and that I last saw her alive on Aug. 18 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hours
Due to Arterio sclerosis	
Due to x	
Other conditions x	

(Include pregnancy within 3 months of death)

Major findings of operation x

Date of op. x

Autopsy results x

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Wm. M. Smith, M. D.

M. D. or other

Address Frederick, Md. Date signed 8/19/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1940
BUREAU V. S.

08611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred: 613 N. Market St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 613 N. Market St
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Elizabeth Amanda Kelly

3.(b) Social Security Number: None

4. Sex: female

5. Color or race: white

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: married

6.(b) Name of husband ~~or wife~~: Jesse M. Kelly

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): July 27 1879.

8. AGE: Years 61 | Months 0 | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace: Monrovia, Frederick, Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: John S. Nuberger
13. Birthplace: Frederick, Co. Md.

MOTHER
14. Maiden name: Sarah Shipley
15. Birthplace: Louisianna

16. Informant: Jesse M. Kelly
Address: 613 N. Market, Fred. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/17/40 (month) (day) (year)

Cemetery or ~~crematory~~: Pleasant Hill

Location: Monrovia, Md.

18. Funeral director: Harry E. Carty Co
Address: Frederick, Md.

19. 15-Aug 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15 1940 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on Dead on arrival 19.....

Immediate cause of death: Generalized Carcinomatosis

Due to: Carcinoma of Uterus

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

DURATION: + yr

Major findings of operations: ..... Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H J Thresher M. D. or other

Address: Frederick Md Date signed: 8/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

08612

Reg. Diat. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Lewistown.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME L. FRANK KEYSER

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife None
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18th. 1874

8. AGE: Years	Months	Days	If less than one day
66	0	11	hrs. min.

9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name George D. Keyser
13. Birthplace Thurmont, MD

MOTHER
14. Maiden name Rachael Renner
15. Birthplace Lewistown MD

16. Informant Henry Schwartz
Address 3311 Oakfield Ave. Balto. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 31st. 40 (month) (day) (year)
Cemetery or crematory Cemetery
Location Utica. Frodk.Co. MD

18. Funeral director L. L. Creager & Son.
Address Thurmont. MD

19. Aug. 30 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29th. 40 at 6;30 A.M. 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Aug 29 1940
and that I last saw him alive on Aug 28, 1940 1940

Immediate cause of death Coronary occlusion — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Easterday M. D. or other
Address Walkersville, Md Date signed Aug 30, 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

08613

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospitals
Stay in hospital or inst. (yrs., or mos., or days): 14 Days
Stay in this community (yrs., or mos., or days): 72 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME Mrs Emma Koogle

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: John D. Koogle
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct 31-1867

8. AGE:

Years	Months	Days	If less than one day
72	9	24	____ hrs. ____ min.

9. Birthplace: Myersville-Frederick County Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Hezekiah Poffinberger
13. Birthplace: Myersville Md
MOTHER 14. Maiden name: Ann Rebecca Gaver
15. Birthplace: Myersville Md
16. Informant: Anna Kate Koogle
Address: Middletown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 27-1940 (month) (day) (year)
Cemetery or ~~crematory~~: Reformed Cemetery
Location: Middletown Md
18. Funeral director: Gladhill Bro.
Address: Middletown Md

19. 26-Aug 1940 (Date rec'd by registrar) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 25 1940, at 12 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11 1940, to Aug. 25 1940, and that I last saw her alive on Aug. 25 1940.

Immediate cause of death	DURATION
Acute Dilatation of Heart	4 hrs.
Due to Myocardial Insufficiency	
Due to Arteriosclerosis	
Other conditions Acute Appendicitis with Perforation and Peritonitis	24 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Acute Appendicitis with Perforation and Peritonitis
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: A. Austin Pearre, M.D.
M. D. or other
Address: Frederick Md Date signed 8/25/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

08614

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Minor Lease

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Married

6.(b) Name of husband or wife Josephine R Lease

6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1860

8. AGE:

Years	Months	Days	If less than one day
80	7	1	hrs. min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Gideon T Lease

13. Birthplace Md

MOTHER

14. Maiden name Elizabeth Sprousetta

15. Birthplace Md

16. Informant Mrs Josephine Lease

Address Libertytown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 13th 1940 (month) (day) (year)

Cemetery or crematory Central

Location Near New Loudon

18. Funeral director Powell & Allaugh

Address Libertytown

Aug 10 1940 W D Zurfluh

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 10 1940, at 12 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Aug 10 1940

and that I last saw h.im alive on Aug - 9 & 0 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
with Hemi-plegia	11 mos.
Due to Arterio-Sclerosis	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Otis B. Stone M.D

M. D. or other

Address Libertytown Md Date signed Aug 10-40

RECEIVED
SEP 4 1940
BUREAU V. S.

08615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick

City or town Rural near Woodsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural near Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Carrie Ellen Lenhart

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Luther D. Lenhart

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 28, 1879

8. AGE: Years	Months	Days	If less than one day
61	8	2	hrs. min.

9. Birthplace Utica Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Jacob Measell
13. Birthplace Charlesville Md

MOTHER
14. Maiden name Catherine Ann Sponcellar
15. Birthplace Charlesville Md

16. Informant Husband Luther D. Lenhart

Address Woodsboro Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept. 1 1940
(month) (day) (year)

Cemetery or crematory Utica cemetery

Location Utica

18. Funeral director M. L. Creager and Son

Address Thurmont, Maryland

19. Aug 30 1940 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940 at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Aug 30 1940, and that I last saw her alive on Aug 26 1940.

Immediate cause of death Carcinoma breast & metastasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Elastin Day
M. D. or other

Address Walkersville, Md Date signed Aug 30 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-2)

08616

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 days
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City or town~~ Frederick Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Nr. Rocky Springs
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Rebecca Lortz

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
B (b) Name of husband ~~or wife~~ John W. Lortz
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Feb. 13. 1858

8. AGE: Years 82 | Months 6 | Days 0 | If less than one day ___ hrs. ___ min.

9. Birthplace Lewistown Fred. Maryland (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Rice
13. Birthplace Md.

MOTHER
14. Maiden name Mary Ann Shafer
15. Birthplace Md.

16. Informant Miss Adelsberger Emergency
Address Hospital, Frederick, Md

17. Burial (Burial, ~~cremation, or removal, Which?~~) Date thereof 8/15/40 (month) (day) (year)
Cemetery or ~~crematory~~ Rockey Springs Cem
Location Frederick, Md. R.D.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19 14-Aug 19 40 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 2 P.M. 35

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 1940, to Aug 13 1940, and that I last saw her alive on Aug 13 1940.

Immediate cause of death: Chronic myocarditis — DURATION: Years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other
Address Tonderrd, Md Date signed 8/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08617

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick Md
City or town: Frederick - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Wilson Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME
Baby Boy Miller Infant Miller

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
M	W	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Stillborn on Aug 27 '40

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. min.

9. Birthplace: Frederick, Fred., Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Harry Miller
13. Birthplace: Nr. Frederick, Maryland

MOTHER
14. Maiden name: Grace Brooms
15. Birthplace: New Windsor, Maryland

18. Informant: Mrs. Hilda Croghan
Address: Frederick Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 8/28/1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland.

19. 28-Aug-1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 27 1940, at 8 A.M. ~~P.M.~~

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Aug 27 1940, to 19; and that I last saw h alive on 19.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Placenta Praevia (Complete)
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. H. Kline M.D.
M. D. or other
Address: Frederick Md Date signed: Aug 27 40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

08618

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick Md.
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, Hospital, or Institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 Days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ~~Md.~~ Md. County Frederick
City or town Fredk Rd #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnick, Mr. Charles D.

3. (b) Social Security Number 710

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W	married

6 (b) Name of ~~husband~~ or wife Mrs. Lillie Minnick

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Mar. 11-1895

8. AGE: Years	Months	Days	If less than one day
45	5	11	____hrs. ____min.

9. Birthplace Md. Middletown Frederick County, Md.
(Town, county, and state)

10. Usual occupation State Roads Employee

11. Industry or business

FATHER
12. Name Jacob D. Minnick
13. Birthplace Middletown Md

MOTHER
14. Maiden name Cora Getzendanner
15. Birthplace Middletown Md

16. Informant Edgar Draher
Address Frederick, Md

17. Burial Date thereof Aug 24-1940
(Burial, cremation, or removal) (month) (day) (year)
Cemetery or ~~crematory~~ Lutheran
Location Middletown, Md.

18. Funeral director Gladhill Co.
Address Middletown, Md

19. 24-Aug 1940 Ira J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940, at 5.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 22 1940, and that I last saw him alive on Aug 22 1940

Immediate cause of death	DURATION
Gen Peritonitis	
Due to Ruptured appendicitis	8 days
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gen Peritonitis
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE E O Thomas
M. D. or other
Address Frederick Md Date signed Aug 22 1940

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (127-a) CB Reg. Dist. No. 138

CERTIFICATE OF DEATH

08619

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Rigga Cottage Sanitarium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs

(e) Length of stay in this community (yrs., mos., or days) 28 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. C. (b) County

(c) City or town Durham (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Louise Pace

3 (b) If veteran, name war No

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm H. Pace

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6-1860

8. AGE: Years 80 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Raleigh N. C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Geo. Heck

FATHER 13. Birthplace Raleigh N. C.

MOTHER 14. Maiden Name Dont Know

MOTHER 15. Birthplace " "

16 (a) Informant W. P. Fuller

(b) Address Durham N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2/40 (month) (day) (year)

(c) Cemetery or crematory

Location Raleigh N. C.

18 (a) Funeral director C. E. Johnston

(b) Address Fredericks Md

19 (a) 8-Sept 40 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

Per J. M. Lewis

MEDICAL CERTIFICATION

20. Date of death Aug 31, 1940, at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2d 1939, to Aug 31 1940, and that I last saw him alive on Aug 31, 1940

Immediate cause of death	Duration
Cerebral Arteriosclerosis	28 yrs
Due to	
Due to	
Other conditions Cholecystatitis Partial Obstruction	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Horace J. Middleton M. D. or other

Address Louisville Ky. Date signed Aug 31/1940

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

08620

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 S. Bentz

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louisa Parker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	Col	Widowed

B (b) Name of husband or ~~wife~~ John P. Parker

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1880

8. AGE: Years 59 | Months 9 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Liberty Md.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Marshall Jenkins

13. Birthplace Md

MOTHER 14. Maiden name Maria Wilson

15. Birthplace Md

16. Informant Miss Adelsberger Emergency

Address Hospital Frederick, Md

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Aug 21 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Fairview

Location Frederick Md

18. Funeral director H. R. Eichison & Son

Address Frederick Md

19. 20 Aug 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1940, to August 19 1940, and that I last saw h~~im~~er alive on August 19 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	12 hrs
Due to Diabetes Mellitus	2 Yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick Md Date signed 8/20/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48a)

08621

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH:

County Frederick

City or town rural Nr. Dickerson, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town rural Dickerson, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Dickerson, Md. R. D.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Lilian Mae Proctor

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	~~white~~ Col	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1893

8. AGE: Years	Months	Days	If less than one day
47	5	21	..... hrs. ..... min.

9. Birthplace Nr. Dickerson, Fred., Md.
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business Public Schools

FATHER
12. Name Wm. T. Proctor,
13. Birthplace Nr. Dickerson, Md.

MOTHER
14. Maiden name Rachel Bowie,
15. Birthplace Nr. Frederick, Md.

16. Informant Mrs. Rachel Proctor,
Address Dickerson, Md. R. D.

17. Burial Date thereof 8 / 25 / 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bells Chapel Cemetery

Location Nr. Dickerson, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. Aug 24 1940 G. O. Hendrickson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1940, at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1940, to Aug 22 1940

and that I last saw her alive on Aug. 21, 1940

Immediate cause of death	DURATION
Generalized abdominal Carcinomatosis	5 mos
Due to Carcinoma of cervix	?
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley M.D.
M.D. or other

Address Buckeystown, Md. Date signed 8/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08622

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Mt. Emmitsburg
(If outside city or town limits, write RURAL or NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore City Ward
(If outside city or town limits, write RURAL or NEAR and give town)
Street No. 419 East Chase St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Augustus L Reuter

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Kate Burket
6(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.): Sept 20 1870
8. AGE: Years 69 Months 10 Days 15 If less than one day 1874 hrs. min. 65
9. Birthplace: Baltimore City Md (Town, county, and state)
10. Usual occupation: Printer
11. Industry or business: U.S. government - Retired
FATHER 12. Name: Christian F. Reuter
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Henrietta Peters
MOTHER 15. Birthplace: Baltimore City Md
16. Informant: Peter F. Burket
Address: Emmitsburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 8 1940 (month) (day) (year)
Cemetery or crematory: Bonny Brea
Location: Baltimore City Md
18. Funeral director: S. L. Allison
Address: Emmitsburg Md
19. Aug 6 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 5 1940, and that I last saw h[illegible] alive on Aug 5 1940.

Immediate cause of death: cardiac decompensation — DURATION
c general anasarca — 4 weeks
Due to: arterio sclerotic cardio vascular disease +
Due to: chronic myocarditis - several years
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

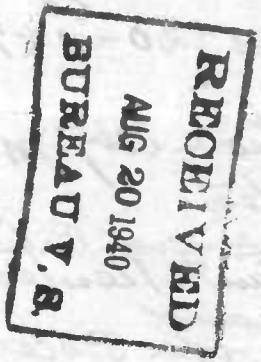
PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M.D.
M. D. or other
Address Emmitsburg Md Date signed 8-6-40

LETTER filed September 10 1940 under Dr. Cadle changing

birthdate and age. - L.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

08623

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~Town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 days
Hospital, institution, or street address where death occurred:
Frederick, City Hospital
How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural, Clifton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Frederick, Md. R. D. 5
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Mrs. Mary Louisa Robison

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband or ~~wife~~ S. S. Robison
6.(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) March 10, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	17	....hrs. ....min.

9. Birthplace Greenfield, Mass.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Charles E. Clark,
13. Birthplace Bradford, Vt.

MOTHER
14. Maiden name Maria L. Davis,
15. Birthplace Greenfield, Mass.

16. Informant Admiral S. S. Robison,
Address Frederick, Md. R. D. 5

17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof 8/29/40 (month) (day) (year)
Cemetery or ~~crematory~~ Arlington National Cem.
Location Arlington, Virginia.

16. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 28-Aug 1940 (Date rec'd by registrar) Ira L. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27th., 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1 1940, to Aug. 27 1940
and that I last saw her alive on Aug. 27 1940

Immediate cause of death	DURATION
Bronchopneumonia	10 days
Due to Pulmonary Embolism	10 days
Due to Streptococcus Infection of Neck	6 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations July-1940- Infection of Neck due to Hemolytic Streptococcus
Date of Op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank O. Worthington M. D. or other
Address Frederick, Maryland Date signed 8/27/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08624

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Emmitsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 77 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Martha Belle Rowe

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 19, 1861

8. AGE: Years 79 | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Littlestown, Adams Co., Pa.
(Town, county, and state)

10. Usual occupation Housewife Work at Home

11. Industry or business —

FATHER 12. Name George W. Rowe

13. Birthplace Frederick Co. Md

MOTHER 14. Maiden name Susan McKinham

15. Birthplace Frederick Co. Md

16. Informant Anabel E. Hartman

Address Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 21, 1940 (month) (day) (year)

Cemetery or crematory Cemetery Lutheran

Location Emmitsburg, Md.

18. Funeral director S. L. Allison

Address Emmitsburg Md.

19. Aug 21 1940 (Date rec'd by registrar) J. M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1926 19— to Aug 16 1940, and that I last saw h alive on Aug 18 1940.

Immediate cause of death	DURATION
Hypertensive cardio Vascular disease —	Several years
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE W. R. Rank M D

M. D. or other

Address Emmitsburg Md Date signed 8-21-40

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SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08625

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick, Md.
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County ~~Balto~~
~~City~~ or town North Linthicum Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 33 Old Annapolis Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Rubright, Jr. Roy

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, ~~married, widowed, or divorced~~: Single
8 (b) Name of husband or wife: none
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): November 19 1919

8. AGE: Years	Months	Days	If less than one day
20	9		hrs. min.

9. Birthplace North Linthicum Md (Town, county, and state)
10. Usual occupation Sailor
11. Industry or business Curtis Towing Co
FATHER
12. Name Roy E Rubright
13. Birthplace Evansville Ind
MOTHER
14. Maiden name Marguerite Klunger
15. Birthplace Baltimore Md
16. Informant Mrs. R E Rubright
Address North Linthicum Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug 21, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Glen Haven
Location Glenburnie Md
18. Funeral director William Cook
Address 1217 St Paul St. Balto. Md
19 19 Aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 6.55 A M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19
and that I last saw him ~~alive~~ dead on Aug 19 1940
Immediate cause of death Intracranial hemorrhage — DURATION 1 day
Due to Fracture of skull — 1 day
Due to Automobile accident
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Aug 18, 40
Where did injury occur? Plane #4 (City or town) Fred. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route #40
Means of injury Auto Injured at work? no
23. SIGNATURE R W Bar Deputy Med Ex. M. D. or other
Address Frederick, Md Date signed 8/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 30 1940
BUREAU V. S.

08626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County: Frederick

City or town: R.D. Mt Airy Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Washington D.C. County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 526 - 44th St N.E. Wash. D.C.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amanda Scruggs

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1880

8. AGE: Years: 61 60 | Months: 6 | Days: 29 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Va (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Housework

FATHER

12. Name: Henry Powell

13. Birthplace: Va

MOTHER

14. Maiden name: unknown

15. Birthplace:

16. Informant: Wm P. Edmonds

Address: 4253 Edson Pl N.E. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 20, 1940 (month) (day) (year)

Cemetery or crematory: Lincoln Memorial Cem

Location: Prince George Co. Md

18. Funeral director: J. B. Johnson

Address: Annapolis

19. Aug 16 1940 (Date rec'd by registrar) Archley R. Molesworth, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 15 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1940, to Aug 15 1940, and that I last saw him alive on Aug 15 1940.

Immediate cause of death: Acute Pulmonary Odeuma

Due to: Arteriosclerosis

Due to: Chronic Myocarditis

Other conditions: Chronic Nephritis with Ascites

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1937 / 1937 / 3 mos

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: C. M. Van Poole, M. D. ~~or other~~

Address: Mt Airy Md Date signed 8-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 2 1949
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-a)

CERTIFICATE OF DEATH

08627

Reg. Diat. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10yrs
Hospital, Institution, or street address where death occurred:
10 College Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 10 College Ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Blanche Maggie Shaver

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~single, married~~, widowed, or ~~divorced~~
female	white	widow

6.(b) Name of husband or ~~wife~~ William F. Shaver
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) July 11, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	18	..... hrs. ..... min.

9. Birthplace SShenandoah City, Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name William Koontz,
13. Birthplace Shenandoah City, Va.

MOTHER
14. Maiden name Adeline Kite,
15. Birthplace Shenandoah City, Va.

16. Informant Mrs. Vinda F. Worner,
Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9/1/40 (month) (day) (year)
Cemetery or ~~crematory~~ Methodist Cemetery
Location Shenandoah City, Va.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland

19. 30 Aug 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29th., 1940 7.30P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1 1939, to Aug 29 1940
and that I last saw h[illegible] alive on Aug 29 1940

Immediate cause of death	DURATION
Pneumonia Chronic.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H. S. Etchison M. D. or other
Address Frederick, Md. Date signed 8/30/40

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SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

08628

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 248 E. 7th., St.,
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Baby Girl Smith

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Frederick, Fred., Maryland
(Town, county, and state)
10. Usual occupation —
11. Industry or business

FATHER
12. Name Clifford Smith,
13. Birthplace Burkittsville, Md.

MOTHER
14. Maiden name Evelyn P. Beard,
15. Birthplace Uniontown, Carroll Co., Md.

16. Informant Mr. Clifford Smith,
Address 248 E. 7th., St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8 / 16 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Lutheran Cemetery
Location Uniontown, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland

19 16-Aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15th., 1940, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1940, to August 15 1940 and that I last saw her alive on dead August 15 1940

Immediate cause of death	DURATION
Stall born	
Due to Asphyxia Neonatorum	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D.
M. D. or other
Address Frederick, Md. Date signed 8/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08629

1. PLACE OF DEATH (93-d)

County FREDERICK Registration Dist. No. 131

~~Village or City~~ FREDERICK, R.ED. #5 No. Monteone Co Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Buchanan Smith If U. S. Veteran, specify WAR

(a) Residence: No. ~~Monteone Home Frederick Md~~ Ward.

LIBERTYTOWN, MD (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (~~write~~ the word): Married

5a. If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of: Lucy Etzler Smith

6. DATE OF BIRTH (month, day, and year): December 29, 1857

7. AGE: Years 82 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Mail driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: more than

10. Date deceased last worked at this occupation (month and year): 49 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Libertytown Maryland

FATHER

13. NAME: Gibson Smith

14. BIRTHPLACE (city or town) (State or country): Woodsboro Maryland

MOTHER

15. MAIDEN NAME: Mary A. Smith

16. BIRTHPLACE (city or town) (State or country): Woodsboro Maryland

17. INFORMANT (Address): G. Cleveland Trout Sept Frederick, Co. Maryland

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place: Wash. D.C. Date: 8/24/ 1940

19. UNDERTAKER (Address): J. Wm Lee's Sons Co. Washington, D.C.

20. FILED 24-Aug 1940 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 23 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1940, to Aug. 23, 1940

I last saw ~~her~~ alive on Aug. 23, 1940; death is said to have occurred on the date stated above, at 38 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 year

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. O. Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

08630

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town Walkersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Baby Boy Stine

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: W

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1940

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day ✓ hrs. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Chester William Stine
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden name Helen Warner
15. Birthplace Frederick Co. Md.

16. Informant Miss Adelsberger Emergency
Address Hospital Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8/14/40 (month) (day) (year)

Cemetery or ~~crematory~~ Locust Grove Cem.

Location M. Mt. Airy, Md.

18. Funeral director M. P. Etchison & Son
Address Frederick, Md.

19. 14-Aug 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1940, at 9 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1940 to 19 ,
and that I last saw h Still born alive on 19

Immediate cause of death Still born
Due to Macerated
Due to Been dead
Due to Several days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other
Address Frederick Md Date signed 8/13/40

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SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08631

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 10 hrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12-1940

8. AGE: Years | Months | Days | If less than one day: 10 hrs. min.

9. Birthplace Ft. Middletown, Frederick County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Austin Thomas
13. Birthplace Middletown Md

MOTHER
14. Maiden name Ethel Moser
15. Birthplace Middletown Md.

16. Informant Austin Thomas
Address Middletown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 13-1940 (month) (day) (year)
Cemetery or ~~crematory~~ Lutheran
Location Middletown Md

18. Funeral director Gladhill Co.
Address Middletown Md

19. 13-Aug-1940 (Date rec'd by registrar) Wm J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 12 1940, and that I last saw him alive on Aug 12 1940.

Immediate cause of death	DURATION
Prematurity.	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J E Harp MD
M. D. or other
Address Middletown Date signed Aug 13 40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107) Reg. Dist. No. 139

08632

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Sanatorium Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 8Days

(e) Length of stay in this community (yrs., mos., or days): 8Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Washington

(c) City or town: Williamsport (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Howard Scott Turner

3 (b) If veteran, name war

3 (c) Social Security No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lettie Turner

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): March 13 1892

8. AGE: Years	Months	Days	If less than one day
48	4	19	____ hr. ____ min.

9. Birthplace: Washington Co Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Daniel Turner

13. Birthplace: West Va.

MOTHER

14. Maiden Name: Becka Ridenbur

15. Birthplace: Washington Co Md.

16 (a) Informant: Howard Scott Turner

(b) Address: Williamsport Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1940 (month) (day) (year)

(c) Cemetery or crematory: River View Cem

Location: Williamsport Md

18 (a) Funeral director: Edith V Leaf

(b) Address: Williamsport Md.

19 (a) 8/4/40 (Date received by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death August 1 19 40 at 12.25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 19 40 to Aug 1 19 40, and that I last saw him alive on Aug 1 19 40.

Immediate cause of death	Duration
Chronic Fibrosis of lungs	2Yrs ?
with generalized patchy	
Due to broncho-pneumonia	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John E Woodhouse M.D. (M. D. or other)

Address State Sanatorium, Md. Date signed 8/1/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

08633

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 552 East Church Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 552 East Church Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Frank Michael Urban

3. (b) Social Security Number: 214-10-3588

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

B (b) Name of ~~husband~~ or wife: Ella Sherald Urban

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): October 26, 1872

8. AGE: Years	Months	Days	If less than one day
67	9	10	____ hrs. ____ min.

9. Birthplace: Toledo, Ohio
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Metal Plating Company

FATHER
12. Name: Don't Know
13. Birthplace: Don't Know

MOTHER
14. Maiden name: Margaret Gullen
15. Birthplace: South Ripley, N. Y.

16. Informant: Frank G. Urban
Address: Washington, D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son

Address: Frederick, Maryland

19. Aug 6 1940 (Date rec'd by registrar) Ira J. McCurdy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 4th 1940, at 9 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1938, to Aug 4th 1940, and that I last saw h~~im~~er alive on Aug 3d 1940

Immediate cause of death	DURATION
Coronary Thrombosis	6 days
Due to Chronic Myocarditis	4 yrs
Due to Interstitial Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20. operations:

20. autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Urban M. D. or other

Address: Frederick Date signed Aug 6 1940

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SEP 5 1940
BUREAU V. S.

Dr. Hedgcock

08634

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Buckeystown,
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Sue Ann Hamilton Wachter

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8th., 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Buckeystown, Fred., Md.
(Town, county, and state)

10. Usual occupation infant

11. Industry or business

FATHER 12. Name Keefer G. Wachter,

FATHER 13. Birthplace Nr. Adamstown, Md.

MOTHER 14. Maiden name Mary Janis Whisner

MOTHER 15. Birthplace Frederick, Md.

16. Informant Mrs. Mary J. Wachter,

Address Buckeystown, Md.

17. Burial Date thereof 8 / 8 / 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. Aug 8 1940 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th., 19 40, at 6.10A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... to Aug 8 19 40

and that I last saw h... alive on Still Born 19...

	DURATION
Immediate cause of death Prolapse of Cord, Complete	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H Hedges M. D. or other

Address Frederick, Md. Date signed 8/8/40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

08635

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 8 days
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Viola Marie Wachter Wachter

3. (b) Social Security Number No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1898

8. AGE: Years	Months	Days	If less than one day
42	0	20	hrs. min.

9. Birthplace Adamstown Fredk Co, Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER 12. Name Eugene A. Wachter

13. Birthplace Adamstown, Md.

MOTHER 14. Maiden name Addie K. Green

15. Birthplace Adamstown, Md.

16. Informant Ray K. Wachter

Address Washington Grove, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/23/40 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son.

Address Frederick, Md.

19. 23-Aug-1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 20 1940, and that I last saw her alive on Aug 20 1940.

Immediate cause of death	DURATION
Myocardial Insufficiency	4 days
Due to Acute Bacillary Dysentery (Flexner Type)	8 days
Due to	
Other conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M. D. or other
Address Frederick, Md Date signed 8/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

08636

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: Sanatorium Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Yrs2Mos2Days

(e) Length of stay in this community (yrs., mos., or days) 2Yrs2Mos2Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1958 Thomas Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Edward Wilkins

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24 1886

8. AGE: Years	Months	Days	If less than one day
54	6	13	____ hr. ____ min.

9. Birthplace: Kent Co Md. (Town, county, and state)

10. Usual occupation: Real-Estate Bus.

11. Industry or business

FATHER

12. Name: Frank Wilkins

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Fannie Gray

15. Birthplace: Maryland

16 (a) Informant: Edward Wilkins

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/1940 (month) (day) (year)

(c) Cemetery or crematory Thurmont

Location Thurmont Md

18 (a) Funeral director M. E. Creager

(b) Address Thurmont Md

19 (a) 8/6/1940 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 6 1940, at 6.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1938, to Aug 6 1940, and that I last saw him alive on Aug. 5 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	14Yrs
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Enteritis (Include pregnancy within 3 months of death)	

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm D Goodfellow MD (M. D. or other)

Address State Sanatorium Md Date signed 8/6/40

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08637

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 132

Village or City Middletown — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth May Wise — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John L. Wise

6. DATE OF BIRTH (month, day, and year): 1869 May 14

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Middletown, Md.

FATHER

13. NAME: John W. Michael

14. BIRTHPLACE (city or town) (State or country): Middletown Md.

MOTHER

15. MAIDEN NAME: Ann Rudy

16. BIRTHPLACE (city or town) (State or country): Middletown, Md

17. INFORMANT: Elizabeth Wise (Address) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL: Reformed Cem. Place Middletown Date Sept 1, 1940

19. UNDERTAKER: Gladhill (Address) Middletown, Md.

20. FILED Sept 1, 1940 — D. Raymond Bauer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1940, to Aug 29, 1940

I last saw h[er] alive on Aug 28, 1940; death is said to have occurred on the date stated above, at 4:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 24, 1940
Other Contributory Causes of Importance:	
Chr. Pulmonary Tuberculosis	About 1920

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) J. Elmer Harp M. D.

(Address) Middletown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 6 1949 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN